PCT

REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

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PCT/CA International Application	2005/000701 No.
0 6 MAY International Filing Date	2005 06052005
مناه مناه	and "PCT International Application"

	Applicant's or agent's fil (if desired) (12 character)	Applicant's or agent's file reference (if desired) (12 characters maximum) PAT 2295W-90				
Box No. I TITLE OF INVENTION SPLIT-CHANNEL ANTIFUSE ARRAY ARCHITECTURE						
Box No. II APPLICANT This pers	Box No. II APPLICANT This person is also inventor					
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) SIDENSE CORP. 349 Terry Fox Drive Kanata, Ontario, K2K 3V6		Telephone No.				
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This person is applicant for the purposes of: all designated all designated the Unite	nated States except ded States of America	the United States of America only the Supplemental Box				
Further applicants and/or (further) inventors are indicate	ed on a continuation sheet.					
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Name and address: (Family name followed by given name; for a legal entity, full official designation The address must include postal code and name of country.)		Telephone No. 613-237-5160				
HUNG, Shin BORDEN LADNER GERVAIS LLP		Facsimile No. 613-787-3558				
World Exchange Plaza 100 Queen Street, Suite 1100		Teleprinter No.				
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	Applicant's registration No. with the Office					
State (that is, country) of nationality: CA	State (that is, country)	of residence:				
This person is applicant for the purposes of: all designated the United States **Example 1.5		the United States of America only	the States indicated in the Supplemental Box			
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Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) KURJANOWICZ, Wlodek 56 Sherring Crescent Ottawa, Ontario K2K 2T1 CANADA		This person is: applicant only applicant and inventor inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office				
State (that is, country) of nationality:	State (that is, country)	of residence:				
	States except t	he United States	the States indicated in			
for the purposes of: States the United St. Further applicants and/or (further) inventors are indicated or		of America only	L the Supplemental Box			
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